

EXHIBIT A

Law Offices of Carlos H. Acosta, Jr., LLC

Attorney At Law

4617 Bergenline Avenue
2nd Floor
Union City, New Jersey 07087
Phone/Fax: (201) 223-6660

December 11, 2021

VIA E-COURTS

Hudson County Superior Court
Law Division Filing Clerk
First Floor, Brennan Courthouse
583 Newark Avenue
Jersey City, New Jersey 07306

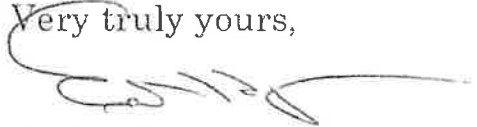
Re: Benjamin Pena vs. William A. Colgrove, et al.
Date of Loss: December 16, 2019

Dear Sir/Madam:

Enclosed herein please find a copy of our Complaint in this matter for E-filing. Kindly mark your file accordingly.

I thank you for your cooperation in this regard.

Very truly yours,


Carlos H. Acosta, Jr.

CHA/mao

Encl.

cc: Mr. Benjamin Pena

CARLOS H. ACOSTA, JR.-NJ ATTORNEY ID: 033081996
LAW OFFICES OF CARLOS H. ACOSTA, JR., LLC
4617 Bergenline Avenue
Second Floor
Union City, New Jersey 07087
Tel. (201) 223-6660
Fax (201) 223-1188
Attorney for Plaintiff(s)

BENJAMIN PENA,

Plaintiff,

-vs-

WILLIAM A. COLGROVE and/or
JOHN DOE (fictitious name
representing unknown defendants),
BROOKE SYSTEM INC. and/or
XYZ CORP. (fictitious name
representing unknown defendants),

Defendants.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: HUDSON COUNTY
DOCKET NO: HUD-L-

CIVIL ACTION

**COMPLAINT, JURY DEMAND,
DESIGNATION OF TRIAL COUNSEL
AND DEMAND FOR ANSWERS
TO INTERROGATORIES**

Plaintiff BENJAMIN PENA, currently residing at 815 Bergenline Avenue, Apartment 153, in the City of Union City, and State of New Jersey, by way of complaint against defendants herein, states as follows:

COUNT ONE

1. On or about December 16, 2019, the Plaintiff BENJAMIN PENA, was operating a motor vehicle in a northerly direction at, or near the intersection of Tonnelle Avenue and 42nd Street, in the Township of North Bergen, County of Hudson and State of New Jersey.

2. At the aforesaid time and place, the Defendant WILLIAM A. COLGROVE and/or JOHN DOE (fictitious name representing unknown defendants), was the driver of a motor vehicle and operated said motor vehicle in a careless and negligent fashion, at an excessive rate of speed, without regard to traffic circumstances then and there existing, so as to cause and/or contribute to, the accident and the injuries sustained by the plaintiff herein.

3. Defendant BROOKE SYSTEM INC. and/or XYZ CORP. (fictitious name representing unknown defendant), owned the motor vehicle operated by Defendant WILLIAM A. COLGROVE and/or JOHN DOE (fictitious name representing unknown defendant), and negligently maintained and entrusted same to Defendant WILLIAM A. COLGROVE and/or JOHN DOE (fictitious name representing unknown defendant). Defendant WILLIAM A. COLGROVE and/or JOHN DOE (fictitious name representing unknown defendant), acted as an agent of Defendant BROOKE SYSTEM INC. and/or XYZ CORP. (fictitious name representing unknown defendant), at the time of this accident.


4. As a result of the negligence of these defendants, the plaintiff sustained severe and grievous personal injuries, and has endured and will in the future endure, great pain and suffering.

WHEREFORE, plaintiff demands judgment against these defendants, jointly, severally and/or individually, for money damages, together with interest and cost of suit.

JURY DEMAND

PLEASE TAKE NOTICE that Plaintiff demands trial by jury as to all issues contained in this Complaint.

Dated: December 11, 2021




Carlos H. Acosta, Jr.,

DESIGNATION OF TRIAL COUNSEL

PLEASE TAKE NOTICE that CARLOS H. ACOSTA, JR., Esq., is hereby designated as trial counsel in the above-captioned matter pursuant to Rule 4:25-4.

Dated: December 11, 2021



Carlos H. Acosta, Jr.,

RULE 4:5-1 CERTIFICATION

The matter in controversy of this action is not the subject of any other court or arbitration proceeding, nor is any other court or arbitration proceeding contemplated.

I HEREBY CERTIFY that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: December 11, 2021



Carlos H. Acosta, Jr.,

DEMAND FOR ANSWERS TO INTERROGATORIES

Please be advised that Plaintiff hereby demands answers to the Form "C" and Form "C-1" Uniform Interrogatories, contained in the Appendix of the current edition of the New Jersey Court Rules within the time prescribed by the Rules of Court.

Dated: December 11, 2021


Carlos H. Acosta, Jr.,

Civil Case Information Statement

Case Details: HUDSON | Civil Part Docket# L-004775-21

Case Caption: PENA BENJAMIN VS COLGROVE WILLIAM

Case Initiation Date: 12/13/2021

Attorney Name: CARLOS H ACOSTA JR

Firm Name: CARLOS H. ACOSTA, JR., LLC

Address: 4617 BERGENLINE AVE 2ND FL

UNION CITY NJ 07807

Phone: 2012236660

Name of Party: PLAINTIFF : Pena, Benjamin

Name of Defendant's Primary Insurance Company

(if known): None

Case Type: AUTO NEGLIGENCE-PERSONAL INJURY (NON-
VERBAL THRESHOLD)

Document Type: NJ eCourts Case Initiation Confirmation

Jury Demand: YES - 6 JURORS

Is this a professional malpractice case? NO

Related cases pending: NO

If yes, list docket numbers:

**Do you anticipate adding any parties (arising out of same
transaction or occurrence)?** NO

Are sexual abuse claims alleged by: Benjamin Pena? NO

THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE

CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION

Do parties have a current, past, or recurrent relationship? NO

If yes, is that relationship:

Does the statute governing this case provide for payment of fees by the losing party? NO

**Use this space to alert the court to any special case characteristics that may warrant individual
management or accelerated disposition:**

Do you or your client need any disability accommodations? NO

If yes, please identify the requested accommodation:

Will an interpreter be needed? NO

If yes, for what language:

Please check off each applicable category: Putative Class Action? NO Title 59? NO Consumer Fraud? NO

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with *Rule 1:38-7(b)*

12/13/2021

Dated

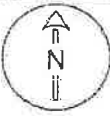
/s/ CARLOS H ACOSTA JR

Signed

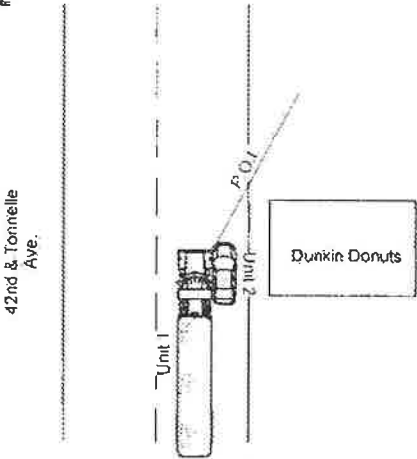
EXHIBIT B

Page 1 of 1		New Jersey Police Crash Investigation Report										<input checked="" type="checkbox"/> Reportable <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Change Report	
96	04	1. Date Number		19-143312		10. Crash Occurred On		4200 Tonnelles Ave		11. Speed Limit		02	
97	01	2. Police Dept. of		North Bergen		3. Station/Precedent		01		12. Route No.		25	
98	03	4. Date of Crash		12/16/19		5. Day of Week		Su		6. Time (use 2400 hrs.)		16 01	
99	05	7. Municipality Code		0908		8. Total Killed		0		9. Total Injured		01	
100a	01	23. Veh. #		1		24. Policy No.		**		25. NJ Ins. Code		02	
100b	04	26. Driver's First Name		William A		27. Number & Street		14402 Maries Rd. Apt. 449 Vichy		28. City		MO 65580	
101	02	29. Sex		M		30. Eyes		04		31. State		MO	
102	01	32. Driver's License Number		06 04 45		33. DOB		06/20/21		34. Expires		07/22	
103	01	35. Owner's First Name		Brooke System Inc.		36. Number & Street		4967A NE Goodview Circle		37. City		Lees Summit, MO 64064	
104	02	38. Make		FRHT		39. Model		Trailer		40. Color		Wht	
105	02	41. Year		199		42. Plate No.		MO		43. State		NJ	
106	01	44. VIN		1FUYSZB3XL787289		45. Expires		12/19		46. Make		TOY	
107	01	47. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		48. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		49. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
108	01	50. Carrier No		USDOT 0757745		51. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input checked="" type="checkbox"/> ≥ 26,001 lbs.		52. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
109	01	53. Number & Street		815 Bergenline Ave Apt 153		54. City		Union City, NJ 07087-2973		55. State		NJ	
110	02	56. Make		COR		57. Model		WHI		58. Color		02	
111	01	59. VIN		2T1BR12E92C586171		60. Expires		03/20		61. State		NJ	
112	01	62. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		63. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		64. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
113	01	65. Carrier No		USDOT		66. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		67. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
114	01	68. Number & Street		14402 Maries Rd. Apt. 449 Vichy		69. City		Lees Summit, MO 64064		70. State		MO	
115	01	69. Make		COR		70. Model		WHI		71. Color		02	
116	01	72. VIN		2T1BR12E92C586171		73. Expires		03/20		74. State		NJ	
117	01	75. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		76. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		77. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
118	01	78. Carrier No		USDOT		79. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		80. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
119	01	81. Number & Street		14402 Maries Rd. Apt. 449 Vichy		82. City		Lees Summit, MO 64064		83. State		MO	
120	01	84. Make		COR		85. Model		WHI		86. Color		02	
121	01	87. VIN		2T1BR12E92C586171		88. Expires		03/20		89. State		NJ	
122	01	89. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		90. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		91. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
123	01	92. Carrier No		USDOT		93. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		94. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
124	04	95. Number & Street		14402 Maries Rd. Apt. 449 Vichy		96. City		Lees Summit, MO 64064		97. State		MO	
125	04	98. Make		COR		99. Model		WHI		100. Color		02	
126a	26	101. VIN		2T1BR12E92C586171		102. Expires		03/20		103. State		NJ	
126b	26	104. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		105. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		106. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
126c	26	107. Carrier No		USDOT		108. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		109. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
126d	26	110. Number & Street		14402 Maries Rd. Apt. 449 Vichy		111. City		Lees Summit, MO 64064		112. State		MO	
126e	26	113. Make		COR		114. Model		WHI		115. Color		02	
126f	26	116. VIN		2T1BR12E92C586171		117. Expires		03/20		118. State		NJ	
126g	26	119. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		120. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		121. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
126h	26	122. Carrier No		USDOT		123. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		124. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
126i	26	125. Number & Street		14402 Maries Rd. Apt. 449 Vichy		126. City		Lees Summit, MO 64064		127. State		MO	
126j	26	128. Make		COR		129. Model		WHI		130. Color		02	
126k	26	131. VIN		2T1BR12E92C586171		132. Expires		03/20		133. State		NJ	
126l	26	134. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		135. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		136. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
126m	26	137. Carrier No		USDOT		138. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		139. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
126n	26	140. Number & Street		14402 Maries Rd. Apt. 449 Vichy		141. City		Lees Summit, MO 64064		142. State		MO	
126o	26	143. Make		COR		144. Model		WHI		145. Color		02	
126p	26	146. VIN		2T1BR12E92C586171		147. Expires		03/20		148. State		NJ	
126q	26	149. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		150. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		151. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
126r	26	152. Carrier No		USDOT		153. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		154. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
126s	26	155. Number & Street		14402 Maries Rd. Apt. 449 Vichy		156. City		Lees Summit, MO 64064		157. State		MO	
126t	26	158. Make		COR		159. Model		WHI		160. Color		02	
126u	26	161. VIN		2T1BR12E92C586171		162. Expires		03/20		163. State		NJ	
126v	26	164. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		165. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		166. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
126w	26	167. Carrier No		USDOT		168. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		169. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
126x	26	170. Number & Street		14402 Maries Rd. Apt. 449 Vichy		171. City		Lees Summit, MO 64064		172. State		MO	
126y	26	173. Make		COR		174. Model		WHI		175. Color		02	
126z	26	176. VIN		2T1BR12E92C586171		177. Expires		03/20		178. State		NJ	
127a	26	179. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		180. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		181. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
127b	26	182. Carrier No		USDOT		183. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		184. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
127c	26	185. Number & Street		14402 Maries Rd. Apt. 449 Vichy		186. City		Lees Summit, MO 64064		187. State		MO	
127d	26	188. Make		COR		189. Model		WHI		190. Color		02	
127e	26	191. VIN		2T1BR12E92C586171		192. Expires		03/20		193. State		NJ	
127f	26	194. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		195. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		196. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
127g	26	197. Carrier No		USDOT		198. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		199. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
127h	26	200. Number & Street		14402 Maries Rd. Apt. 449 Vichy		201. City		Lees Summit, MO 64064		202. State		MO	
127i	26	203. Make		COR		204. Model		WHI		205. Color		02	
127j	26	206. VIN		2T1BR12E92C586171		207. Expires		03/20		208. State		NJ	
127k	26	209. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		210. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		211. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
127l	26	212. Carrier No		USDOT		213. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		214. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
127m	26	215. Number & Street		14402 Maries Rd. Apt. 449 Vichy		216. City		Lees Summit, MO 64064		217. State		MO	
127n	26	218. Make		COR		219. Model		WHI		220. Color		02	
127o	26	221. VIN		2T1BR12E92C586171		222. Expires		03/20		223. State		NJ	
127p	26	224. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		225. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		226. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
127q	26	227. Carrier No		USDOT		228. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		229. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
127r	26	230. Number & Street		14402 Maries Rd. Apt. 449 Vichy		231. City		Lees Summit, MO 64064		232. State		MO	
127s	26	233. Make		COR		234. Model		WHI		235. Color		02	
127t	26	236. VIN		2T1BR12E92C586171		237. Expires		03/20		238. State		NJ	
127u	26	239. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		240. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		241. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
127v	26	242. Carrier No		USDOT		243. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		244. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
127w	26	245. Number & Street		14402 Maries Rd. Apt. 449 Vichy		246. City		Lees Summit, MO 64064		247. State		MO	
127x	26	248. Make		COR		249. Model		WHI		250. Color		02	
127y	26	251. VIN		2T1BR12E92C586171		252. Expires		03/20		253. State		NJ	
127z	26	254. Vehicle Removed to:		<input checked="" type="checkbox"/> Driven <input type="checkbox"/> Towed Disabled <input type="checkbox"/> Towed Disabled & Impounded		255. Hazardous Material		<input type="checkbox"/> None <input type="checkbox"/> On Board <input type="checkbox"/> Spill		256. Alcohol Drug Test		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Refused	
128a	26	257. Carrier No		USDOT		258. GVWR / GCWR (trucks & buses only)		<input type="checkbox"/> ≤ 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> ≥ 26,001 lbs.		259. Motor Carrier or Government Entity		<input type="checkbox"/> Yes (If Yes, describe) <input type="checkbox"/> No	
128b	26	260. Number & Street		14402 Maries Rd. Apt. 449 Vichy		261. City		Lees Summit, MO 64064		262. State		MO	
128c	26	263. Make		COR		264. Model		WHI		265. Color		02	
128d	26	266. VIN</											

New Jersey Police Crash Investigation Report												Case Number 19-143312		Page <u>2</u> of <u> </u>	
	83	84	85	86	87	88	89	90	91	92	93	94	95	Names & Addresses of Occupants If Deceased, Date & Time of Death	
E															
F															
G															
H															
I															
J															



NOT TO SCALE



143. Crash Description/Narrative

Driver #1 states that he was traveling north bound on Tonnelle Ave., on the right lane, at which time Veh #2, rode on the curb, entering his lane and sideswiped him

Driver #2 states he was traveling north bound on Tonnelle Ave., on the right lane, at which time, Veh #1 was attempting to enter the right lane from the left lane, and he side swiped him. He stated prior to my arrival, Driver #1 advised him, that he did not see him.

Veh #1 Insurance Information:

Truck Insurance Agency NAIC # 11371 Policy #: GWP54876L

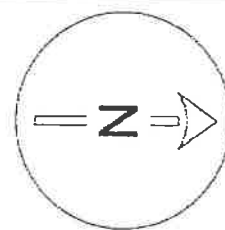
130 E MacArthur St #202

Shawnee, OK 74804

146. Officer's Signature PO Jennifer Fernandez 122	147. Badge #	148. Reviewer GHENRY	Badge #	149. Case Status <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Complete
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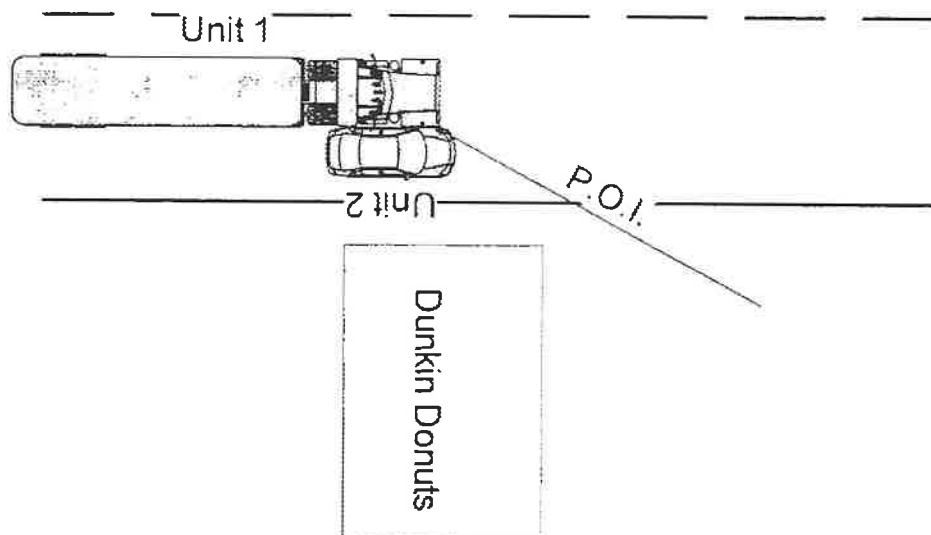
Page ___ of ___

New Jersey Police Crash Investigation Report	Police Dept. <u>North Bergen</u>	Code <u>01</u>
Motor Vehicle Crash Description	Station _____	Case No. <u>19-143312</u>



NOT TO SCALE

42nd & Tonnelle Ave.



262676348

OUT-LTR TO CLAIMANT

1 Page(s)

EXHIBIT C



John R. Ashcroft

Missouri Secretary of State

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Gen. Business - For Profit Details as of 2/1/2022

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General Information

Filings

Principal Office Address

Contact(s)

Name(s) **BROOKE SYSTEMS, INC.**

Principal Office Address **4967 NE Goodview Circle, Ste. A
Lee's Summit, MO 64064**

Type **Gen. Business - For Profit**

Charter No. **00357659**

Domesticity **Domestic**

Home State **MO**

Registered Agent **EVERETT J. ARNOLD
772 NW 1801 Rd
Bates City, MO 64011**

Status **Good Standing**

Date Formed **9/24/1991**

Duration **Perpetual**

Renewal Month **January**

Report Due **4/30/2023**

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Hey there! I am an A.L.
chatbot, let's talk.



EXHIBIT D

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(u)

PAR
Park Avenue Rehabilitation
323 - 60th Street
West New York, NJ 07093
(201) 861-6800

January 14, 2021

Mescall & Acosta
4617 Bergenline Ave 2nd Floor
Union City, NJ 07087

Re: Benjamin Pena
D/A: December 16, 2019

Dear Mr. Acosta,

The following is a narrative report concerning the injuries of Benjamin Pena, sustained as a result of an accident on December 16, 2019.

The patient presented himself for examination and treatment at this office on February 19, 2020, at which time he stated that on December 16, 2019, he was involved in an automobile collision, in which injuries to the neck, upper back, mid back, and low back were sustained. The patient further stated that he was the restrained driver of a vehicle hit from the left rear by another vehicle.

The patient was also seen by Dr. David Deramo, M.D. since the accident date.

The patient was employed as a truck driver and has missed occasional days of work since the day of the accident.

The patient's stated past medical history includes: a prior automobile accident on January 14, 2017.

COMPLAINTS

The patient's stated complaints and limitations caused by the above accident include: headache, neck pain and stiffness, upper back pain and stiffness, mid back pain and stiffness, low back pain and stiffness, pain radiating in shoulders, pain and numbness radiating into right arm and leg. Difficulty in prolonged sitting, excessive bending, in riding in vehicle, and standing after sitting.

PHYSICAL EXAMINATION

The physical examination of the patient in our office reveals a 61 year old male with a height of 5' 10' and weighing 190 lbs. He appears anxious due to obvious discomfort from his numerous body aches. He ambulates with a protective stance. Vital signs are as follows: Blood pressure is 118/80.

HEENT

His head is atraumatic without scars, abrasions, or contusions. There is moderate to severe tenderness along the base of the occiput right. There is no facial tenderness noted.

CERVICAL SPINE

Examination of the cervical spine and the paravertebral musculature reveal tenderness upon digital palpation of the C1-C7 spinous processes. The surrounding cervical musculature shows palpable muscle spasm, tenderness, and pain bilaterally of the musculature. The Foraminal Compression Test was positive in the cervical and thoracic region. The Cervical Distraction Test was positive with decreased pain. The Shoulder Depression Test was positive on the right. Occipital tenderness noted on the right side.

The range of motion of the cervical spine was performed on February 19, 2020 revealed flexion limited to 40 degrees; extension to 35 degrees; left lateral flexion to 30 degrees; right lateral flexion to 25 degrees; left rotation to 55 degrees; right rotation to 50 degrees. The final range of motion of the cervical spine performed on November 12, 2020 shows flexion to 55 degrees; extension to 60 degrees; left lateral flexion to 40 degrees; right lateral flexion to 35 degrees; left rotation to 75 degrees; right rotation to 70 degrees.

The Biceps Tendon reflexes was +1 on the right and +2 on the left. The Triceps Tendon reflexes was +1 on the right and +2 on the left. The Soto Hall Test was positive at the cervical and thoracic spinal levels. The Brachioradial Deep Tendons reflexes were +2 on the left and +1 on the right.

DORSAL SPINE

The examination of the thoracic spine and the paravertebral musculature demonstrated: palpable tenderness, spasm and pain bilaterally. Palpation of the spinous processes produced tenderness over the T1-T5, T10-T12 spinal levels. Palpable tenderness and muscle spasm noted in bilateral trapezius muscles.

LUMBOSACRAL SPINE

Lumbosacral spine examination revealed: Tenderness, spasm and pain upon palpation of the spinous processes and paravertebral musculature. There was tenderness upon palpation of the L1-S1 spinous processes. The Sacral-Apex Pressure Test was positive bilaterally. Ely's Test was positive on the right. Yeoman's Test was positive bilaterally. Hibb's Test was positive bilaterally. The Fabere-Patrick Test was positive on the right. Kemp's Test positive on the right. Patellar Tendon Reflex was +1 on the right and +2 on the left. The Achilles Tendon Reflexes was +1 on the right and +2 on the left.

The range of motion of the thoraco-lumbar spine performed on February 19, 2020 demonstrated flexion limited to 60 degrees; extension to 15 degrees; left lateral flexion to 30 degrees; right lateral flexion to 25 degrees; left rotation to 30 degrees; right rotation to 25 degrees. The final range of motion of the thoraco-lumbar spine performed on November 12, 2020, shows flexion to 85 degrees; extension to 20 degrees; left lateral flexion to 40 degrees; right lateral flexion to 40 degrees; left rotation to 35 degrees; right rotation to 35 degrees.

RADIOGRAPHIC EXAMINATION

An MRI was performed on the patient on June 16, 2020 at Paramus MRI and on July 8, 2020 at Hudson River Radiology. The results are as follows:

CERVICAL SPINE:

1. There is motion artifact degrading some of the images
2. Disc herniations exerting pressure on the thecal sac, C3-C4, C4-C5, C5-C6, and C6-C7 levels as described above. Slight grade I retrolisthesis of C3 over C4. There is significant foraminal stenosis at these levels. There is bone marrow edema within and around the left facet joint likely on inflammatory/degenerative basis.
3. Disc bulging, C2-C3 and C7-T1.
4. Disc Bulges or herniations in the visualized thoracic spine.
5. There is mild straightening of the cervical spine suggesting muscle spasm.
- 6.

LUMBAR SPINE:

1. L5-S1 interval progressive loss of disc height and again seen is a broad-based posterior disc bulge and endplate osteophyte formation detected extending into the neural foramina. There is moderate to severe bilateral neural foraminal narrowing. There is mild to moderate facet arthropathy. No evidence of spinal stenosis.
2. L4-L5 again seen is a broad-based posterior disc bulge and there is a new annular tear and left foraminal disc herniation detected. There is mild to moderate facet arthropathy. The findings result in moderate to severe narrowing of the left lateral recess and neural foramen compressing the exiting left L4 nerve root. No evidence of spinal stenosis.
3. L3-L4 again seen is a broad-based posterior disc bulge. There is effacement of the ventral thecal sac and moderate bilateral neural foraminal narrowing. No evidence of spinal stenosis.
4. L2-L3 loss of disc height and broad-based posterior disc bulge and small endplate osteophyte formation detected having progressed since the prior MRI resulting in effacement of the ventral thecal sac and moderate left lateral recess and neural foraminal narrowing and mild right neural foraminal narrowing. No evidence of spinal stenosis.
5. L1-L2 again seen is a disc bulge resulting in effacement of the ventral thecal sac and bilateral neural foraminal narrowing. No evidence of spinal stenosis.

I have reviewed the MRI and agree with the reported impressions of Steven Meyerson, M.D. and John M. Athas, M.D.

TREATMENT

The patient was placed on a conservative program of specific spinal and progressive physical therapy and exercises, which included: ultrasound therapy, motorized traction, therapeutic massage, interferential therapy, hydrocollator packs-moist heat, and electrical muscle stimulation.

DIAGNOSIS

The final diagnosis for this patient includes: cephalgia, cervical radiculopathy, lumbar radiculopathy, muscle spasm, herniation of cervical discs at C3-C4, C4-C5, C5-C6, C6-C7 and displacement of cervical intervertebral discs at C2-C3, C7-T1, herniation of lumbar disc at L4-L5, and displacement of lumbar intervertebral discs at L1-L2, L2-L3, L3-L4, L5-S1.

PROGNOSIS

The herniation of the cervical and lumbar discs at C3-C4, C4-C5, C5-C6, C6-C7, L4-L5 and bulge of the cervical and lumbar discs at the C2-C3, C7-T1, L1-L2, L2-L3, L3-L4, L5-S1 spinal levels, the associated cervical and lumbar radiculopathy, along with the limitations in the ranges of motion of the cervical and lumbar spines are casually related to the above noted automobile accident and are significant.

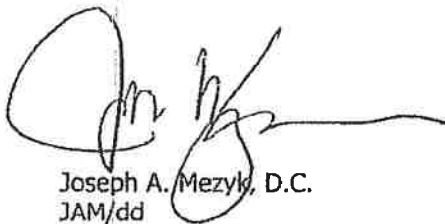
The patient, Benjamin Pena has sustained a Type 6 permanent injury (NJSA 39:6 A-8), that being a permanent injury within a reasonable degree of medical probability other than scarring or disfigurement. My permanent injury diagnosis is based on the cervical and lumbar MRI's, limited range of motion, positive orthopedic tests, and impairment that interferes with the patient's activities of daily living. Benjamin Pena suffers from pain/discomfort while sitting, attempting to bend, riding/driving in vehicle, and attempting to stand/walk after sitting.

Benjamin Pena has had a prior automobile accident on January 14, 2017 resulting in disc bulges at the L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1 levels. He stated that he initially had some residual complaints of pain after his final treatment for that accident in August 2017 but had been asymptomatic just prior to the recent accident of December 2019. The most recent lumbar spine MRI, performed June 16, 2020, resulted in a similar and worsening impressions of multiple disc bulges but now, a new foraminal disc herniation is noted at the L4-L5 disc level. The most recent accident also resulted in a severe neck injury to which a July 8, 2020 cervical MRI demonstrated C3-C4, C4-C5, C5-C6, C6-C7 disc herniations and C2-C3, C7-T1 disc bulges. I have reviewed these current films and agree with the impressions of John Athas, MD, Board Certified Neuroradiologist and Steven Meyerson, M.D. The exacerbation of the previous disc bulges in the lumbar spine as well as the additional new L4-L5 disc herniation and multiple cervical spines disc displacements are, in my medical opinion, a direct result of the most recent automobile accident of December 16, 2019.

It is my opinion that, within a reasonable degree of medical probability, that in combination with the limitation of the range of motion of the cervical, thoracic, and lumbar spines, the positive orthopedic tests, positive pain and spasm noted on palpation, the herniation and bulge of the cervical and lumbar discs, along with the subjective and objective clinical findings, the patient, Benjamin Pena, has sustained a significant and permanent impairment of the neck and back function, and will continue to experience spasms and limitations of use of these areas.

This injury is permanent in nature. Permanent injuries in which a body part or organ, or both, have not healed to function normally, and based upon medical probability, will not heal to function normally with further medical treatment.

Respectfully,



Joseph A. Mezyk, D.C.
JAM/dd